PRINTED: 10/21/2011
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155444 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/18/2011 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD HEALTH AND REHABILITATION CENTER | 3720 N NORWOOD RD HUNTINGTON, IN 46750 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaint IN00096662.

Complaint number IN00096662 -
Unsubstantiated, due to lack of evidence.

Survey date: October 18, 2011

Facility number: 000463
Provider number: 155444
AIM Number: 100290910

Survey team:
DeAnn Mankell, R.N.

Census bed type:
SNF/NF: 67
Total: 67

Census payor type:
Medicare: 7
Medicaid: 33
Other: 27
TOTAL: 67

Sample: N/A

Norwood Health and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00096662.

Quality review completed 10/20/11
Cathy Emswiller RN

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|